

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	X					
2	X					
3						
4						
5						
6						
7	X	X				
8	X	X				
9	X	X				
10	X	X				
11						
12						
13	X	X				
14	X	X				
15						
16	X	X				
17	X	X				
18	X	X				
19	X	X				
20						
21						
22	X	X				
23	X	X				
24						
25	X	X				
26	X	X				
27	X	X				
28	X	X				
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49						
50						
TOTAL IND.	9					
TOTAL DEP.	3					
TOTAL CLAIMS	12					

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						